

Part 2. The decedent's interest in multiple party accounts and certificates of deposit in banks and credit unions.

DESCRIPTION OF PROPERTY	VALUE
TOTAL VALUE OF PART 2:	

Part 3. The decedent's real estate in Virginia over which you have a power of sale.

DESCRIPTION OF PROPERTY	VALUE
TOTAL VALUE OF PART 3:	

Part 4. The decedent's other real estate in Virginia.

DESCRIPTION OF PROPERTY	VALUE
TOTAL VALUE OF PART 4:	

Part 5. The decedent's non-Virginia real estate.

DESCRIPTION OF PROPERTY	VALUE
TOTAL VALUE OF PART 5:	

CERTIFICATE OF ACCURACY, COMPLETENESS, AND MAILING

[Must be signed by each fiduciary.]

1. I (we) hereby certify and affirm under penalty of law, that to the best of my (our) knowledge and belief this is an accurate and complete inventory of this estate made in accordance with my (our) responsibilities under Virginia law.

2. I (we) hereby also certify and affirm that (**choose one**):

A. ☐ On or before the date of filing this Inventory with the Commissioner of Accounts, I (we) sent a copy of it by first class mail to every person entitled to a copy, pursuant to Virginia Code Section 26-12.4, who made a written request therefor. The names and addresses of the persons to whom copies were sent and the dates they were mailed are shown on Page 4.

or

B. ☐ No person entitled to a copy of this Inventory pursuant to Virginia Code Section 26-12.4 made a written request therefor.

Date	Fiduciary
	Address
	Telephone No.:
Date	Fiduciary
	Address
	Telephone No.:
Date	Fiduciary
	Address
	Telephone No.:

CERTIFICATE OF COMMISSIONER

The Commissioner of Accounts has not independently verified the value of the items on the inventory, or the fact that they are the only assets of the estate.

Inspected, found to be in proper form, and approved on

Commissioner of Accounts

Received in the Clerk's Office and admitted to record on

Clerk

Certificate of Mailing

I, the undersigned, do hereby certify that I have mailed a copy of the foregoing INVENTORY FOR DECEDENT'S ESTATE to the following individuals on this the _____ day of _____ 20_____

Executor/Administrator

Executor/Administrator

Executor/Administrator

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

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Address		
City	State	ZIP

Add pages as necessary.